

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047310

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55

Primary Registration District No. 30 W

Registrar's No. 134

1. PLACE OF DEATH
a. COUNTY

Carroll

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Carrollton

Length of stay in lb
lifec. CITY
OR TOWN CarrolltonInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Her Home

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS 410 West LincolnReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Kate Cleeton Byron4. DATE OF DEATH
Month Day Year
December 11, 1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/5/1882

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housework

11. BIRTHPLACE (City and state or country)

Carrollton, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Minor Cleeton

13b. MOTHER'S MAIDEN NAME

Charity Hughes

14. NAME OF HUSBAND OR WIFE

William E. Byron

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Hester Moss Carrollton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Left cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH
5 wks.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cause indefinite

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 13, 1963 to Dec. 11/63 and last saw her alive on Dec. 11, 1963
Death occurred at 6 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree of)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12/15/1963

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill

23d. LOCATION (City, town, or county)

Carrollton, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Marshall Mortuary Carrollton, Mo. 12-15-63

Mary Dean

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10/71

20/71

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FEB 5 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. M. Marshall

Licensed Embalmer No.

2525

P. O. Address

Carrollton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.